

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 172

Place of Birth Payson County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX <u>Male</u>	CHILD* Twin Triplet or other? <u>1</u>	and	Number in order of birth
DATE OF BIRTH <u>August 11</u> 19 <u>29</u>	(Month)	(Day)	(Year)
FATHER <u>Earl Bud Franklin</u>			
MOTHER <u>Mable Mae Menges</u>			

I HEREBY CERTIFY that the child described  
herein has been named

Anderson Joseph Franklin  
(Give name in full) (Surname)

Mabel Mae Franklin  
(Parent's Signature)

Lillian Mae Staught  
(Signature of Physician or Midwife)

See items to be entered by the local registrar before giving out this form.

Additional supplemental reports of birth may be obtained from the local registrar.

12-Bower Co.

165-811-442